



Massachusetts Statewide Mass Care and Shelter Coordination Plan



Massachusetts Statewide Mass Care and Shelter Coordination Plan

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EXECUTIVE SUMMARY

The *Massachusetts Statewide Mass Care and Shelter Coordination Plan* provides guidance for coordinating and maximizing resources to support mass care and shelter operations across the Commonwealth and ensure all populations seeking mass care and shelter services receive adequate and appropriate accommodations. This plan is a scalable framework that can be implemented during all types of incidents, regardless of size and scope.

This plan improves the efficiency and sustainability of shelter operations and resource utilization across the Commonwealth by improving information sharing and enhancing the common operating picture related to the activation and operation of shelters.

In addition, the Commonwealth is committed to meeting the mass care and shelter needs of all residents, including those with access and functional needs, to the maximum extent possible.

The following four scenarios are examples of typical mass care and shelter situations where the statewide mass care and shelter coordination strategy may be implemented:

- **Shelter Scenario 1:** Several communities in the Commonwealth are impacted by an incident. Local communities assess the number of individuals seeking overnight shelter accommodations. Many communities have individuals seeking overnight shelter services, but the number of individuals in each community is very small. To shelter these small populations in multiple shelter facilities, a great number of resources would be required.
- **Shelter Scenario 2:** Several communities in the Commonwealth are impacted by an incident. Local communities assess the number of individuals seeking overnight shelter accommodations. Many communities identify a large number of individuals seeking overnight shelter services. These projected populations exceed the local communities' capabilities.
- **Shelter Scenario 3:** Many communities in the Commonwealth are affected by an incident, and many residents from the disaster area are displaced. The incident is so devastating that localized shelter operations are unfeasible in the immediate area.
- **Shelter Scenario 4:** Three weeks after an incident, local communities still have multiple shelters open for a small number of residents. Local communities are finding it difficult and expensive to continue providing services. Coordinating these activities is consuming resources that might otherwise be dedicated to recovery operations.

The *Massachusetts Statewide Mass Care and Shelter Coordination Plan* supports the efficient use of resources and increases the sustainability of mass care and shelter operations by establishing processes that improve communication, coordination, and information sharing, thereby improving situational awareness of mass care and shelter needs and capabilities.

These four shelter scenarios demonstrate the need for an effective plan that provides the following:

- A process that supports affected local communities and provides a mechanism for these communities to communicate and coordinate with each other, MEMA, and various mass care and shelter partners
- A system for allocating and sharing scarce resources
- A concrete solution for increasing overall mass care and shelter capacity in a sustainable manner

State-initiated regional shelters (SIRS) are shelters that serve multiple communities and are initiated by the Massachusetts Emergency Management Agency (MEMA) and operated by the American Red Cross

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(ARC). These shelters are established to provide larger scale sheltering services when local capacities are exceeded and to maximize the use of resources and staffing to operate shelters across the Commonwealth. These shelters provide dietary, dormitory, and functional needs support services (FNSS).

SIRS may be located at select locations across the Commonwealth as part of the statewide shelter strategy.

Successful implementation of the statewide mass care and shelter plan and SIRS requires coordination and collaboration between local communities, MEMA, and Massachusetts Emergency Support Function (MAESF) #6 - Mass Care, Emergency Housing, Human Services, MAESF #8 - Public Health and Medical Services, MAESF #11 - Agriculture, Animals and Natural Resources, and MAESF #7 - Volunteers and Donations.

If situation reports (received through status reports, conference calls, or direct communication with communities, MEMA and/or mass care and shelter providers) reflect conditions that might trigger the activation of a SIRS, MEMA will facilitate a discussion with the affected communities, the ARC, MAESF #6, MAESF #8, MAESF #11, and shelter host communities. These discussions will also include other mass care and shelter partners in medical, mental health, and animal care disciplines. This coordination process may take place via conference call or at an on-site meeting in the State Emergency Operations Center (SEOC).

After obtaining feedback from mass care and shelter partners, MEMA and ARC will decide whether to activate SIRS. MEMA and ARC will co-lead the coordination activities required to activate a SIRS and the ARC will manage and operate the shelters.

Section 1

PURPOSE AND SCOPE

1.1 Purpose

The Commonwealth of Massachusetts is vulnerable to numerous threats and hazards that may require residents to seek mass care and shelter services. Impacts from snowstorms, tornadoes, heat waves, flooding, power outages, and fires have resulted in mass care and shelter operations in the Commonwealth in recent years. In many cases, these incidents are managed by the affected community or through local mutual aid agreements. However, as the number of people affected by an incident increases or as circumstances require operations be sustained over multiple operational periods, local communities may be unable to meet the needs of the affected population and will request assistance from the Commonwealth for shelter operations. Affected communities may also seek assistance under other circumstances, such as instances where shelter operations persist but the total number of shelter residents is declining. Such instances may dictate the coordination of shelter operations to improve operational efficiencies and improve sustainability.

The *Massachusetts Statewide Mass Care and Shelter Coordination Plan* provides guidance for coordinating and maximizing resources to support mass care and shelter operations across the Commonwealth and to ensure all populations seeking mass care and shelter services receive adequate and appropriate accommodation. The statewide mass care and shelter plan is a scalable framework that can be implemented during all types of incidents, regardless of size and scope.

The *Massachusetts Statewide Mass Care and Shelter Coordination Plan* improves the efficiency and sustainability of shelter operations and resource utilization across the Commonwealth by improving information sharing and enhancing the common operating picture related to the activation and operation of shelters. The *Massachusetts Statewide Mass Care and Shelter Coordination Plan* describes how local communities, state agencies, and mass care and shelter partners (such as the American Red Cross [ARC]) will communicate, coordinate, and share information to improve situational awareness of mass care and shelter needs across the Commonwealth. Having better information at the state-level on mass care and shelter needs will allow providers to make informed decisions related to activation and operation of shelters and prioritizing resources in support of a region.

The statewide mass care and shelter strategy supports the efficient use of resources and increases the sustainability of mass care and shelter operations by establishing processes that improve communication, coordination, and information sharing, thereby improving situational awareness of mass care and shelter needs and capabilities.

1.2 Methodology

The Massachusetts Emergency Management Agency (MEMA) initiated the development of a statewide mass care and shelter plan in response to lessons learned from real-world incidents and with the goal of improving the overall emergency preparedness of the Commonwealth of Massachusetts. Local, regional, and state mass care and shelter plan materials were reviewed to identify current existing capabilities and to ensure consistency with established operational procedures.

Section 1

The *Massachusetts Statewide Mass Care and Shelter Coordination Plan* has been developed with extensive feedback from stakeholders across the Commonwealth. Plan development was guided by a project management team (PMT) composed of representatives from each Massachusetts homeland security region, the ARC, the Executive Office of Elder Affairs, MEMA, the Massachusetts Office on Disability (MOD), and the Massachusetts Department of Public Health (DPH). In addition, the planning team met with each of the five homeland security councils and key emergency management officials to review fundamental concepts and obtain their feedback.

The resulting plan is based on the guidelines described in the Comprehensive Preparedness Guide 101 Version 2 (CPG 101): Developing and Maintaining Emergency Operations Plans, Americans with Disabilities Act (ADA), Department of Justice (DOJ), 1990, and ADA Amendments Act (ADAAA), DOJ, 2008.

The plan has a number of annexes, including a *Local Mass Care and Shelter Tool Kit* composed of templates and checklists to help local communities identify, plan for, and establish local shelter facilities.

This plan is based on the concept of emergency management planning for the whole community. The whole community concept is a means by which residents, emergency management practitioners, organizational and community leaders, and government officials can understand and assess the needs of their respective communities and determine the best ways to organize and strengthen their assets, capacities, and interests. Engaging in whole community emergency management planning builds a more effective path to societal security and resilience. In a sense, the whole community concept is a philosophical approach on how to think about emergency management. This plan supports the following whole community principles:

- Understand and meet the actual needs of the entire community, including those with access and functional needs.
- Engage and empower all parts of the community.
- Strengthen what works well in communities on a daily basis.¹

1.3 Scope and Applicability

Local shelter planning is the foundation of all mass care and shelter efforts and capabilities in the Commonwealth of Massachusetts. As such, this plan does not supersede existing local or regional shelter plans, but rather is designed to supplement them. This plan builds upon established mass care and shelter capabilities at the local, regional, and state-level and applies to state agencies and other partners with a role in mass care and shelter coordination and operations in the Commonwealth.

This plan is intended to be used by MEMA, state agencies with a role in mass care and shelter coordination and operations, and mass care and shelter partners (such as the ARC) to coordinate mass care and shelter operations with local communities.

Statewide mass care and shelter coordination is facilitated by MEMA, with the support of several Massachusetts Emergency Support Functions (MAESFs). In addition to MEMA, responsible agencies include MAESF #6 - Mass Care, Emergency Housing, Human Services, MAESF #8 - Public Health and Medical, MAESF #11 - Agriculture, Animals and Natural Resources, and MAESF #7 - Volunteers and

¹ Federal Emergency Management Agency (FEMA). “A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action.” Accessed January 22, 2013. <http://www.fema.gov/library/viewRecord.do?id=4941>.

Donations. This plan will guide mass care and shelter partners in directing and implementing coordinated mass care and shelter operations in coordination with MEMA and local communities.

Local emergency management directors (EMDs) and shelter managers should use this plan as a guide to determine how their local shelter planning and operational efforts will integrate with the statewide mass care and shelter operations and coordination. Local EMDs will gain a stronger understanding of the actions that the Commonwealth of Massachusetts will take during incidents that result in sheltering, which will in turn improve local shelter planning and decision-making.

1.3.1 Mass Care and Shelter Partners

Successful coordination of mass care and shelter operations requires the support of multiple entities working together. Mass care and sheltering partners include the following:

- *Faith-based and nonprofit organization*, including churches, community food banks, meals-on-wheels programs, and national organizations such as the ARC, Salvation Army, Southern Baptists Disaster Relief Services, and the United Way. The ARC plays an important role in the statewide shelter strategy, serving as an operational entity running and managing the state-initiated regional shelters (SIRS) and as a critical member of MAESF #6 - Mass Care, Emergency Housing, Human Service.
- *Private-sector companies* may provide mass care and shelter services to their employees and their families or the community as well as donate mass care and shelter resources. Hospitals and other members of the medical community are critical partners.
- *Local, state, and federal agencies*, including first responders, emergency management, public health, transportation and transit agencies, human and social services agencies, and school districts.

During the implementation of the statewide shelter strategy, MEMA will coordinate with mass care and shelter partners to identify shelter needs and obtain mass care and shelter resources.

Section 2

SITUATION, POLICIES, AND ASSUMPTIONS

2.1 Situation

The Commonwealth of Massachusetts is subject to a variety of natural, technological, and human-caused disasters that may cause the public to seek mass care and shelter. Sheltering in Massachusetts starts at the local community level and is driven by local needs. The Commonwealth of Massachusetts coordinates resources to support mass care and shelter efforts in situations where local communities are overwhelmed and cannot meet the demand for mass care and shelter services, or in situations where consolidation of resources will allow a greater number of individuals to be served or will result in cost efficiencies.

The following four scenarios are examples of typical mass care and shelter situations where the statewide mass care and shelter coordination strategy may be implemented:

- **Shelter Scenario 1:** Several communities in the Commonwealth are impacted by an incident. Local communities assess the number of individuals seeking overnight shelter accommodations. Many communities have individuals seeking overnight shelter services, but the number of individuals in each community is very small. To shelter these small populations in multiple shelter facilities, a great number of resources would be required.
- **Shelter Scenario 2:** Several communities in the Commonwealth are impacted by an incident. Local communities assess the number of individuals seeking overnight shelter accommodations. Many communities identify a large number of individuals seeking overnight shelter services. These projected populations exceed the local communities' capabilities.
- **Shelter Scenario 3:** Many communities in the Commonwealth are affected by an incident, and many residents from the disaster area are displaced. The incident is so devastating that localized shelter operations are unfeasible in the immediate area.
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These four shelter scenarios demonstrate the need for an effective plan that provides the following:

- A process that supports affected local communities and provides a mechanism for these communities to communicate and coordinate with each other, Massachusetts Emergency Management Agency (MEMA), and various mass care and shelter partners
- A system for allocating and sharing scarce resources
- A concrete solution for increasing overall mass care and shelter capacity in a sustainable manner

2.2 Policies

In accordance with Title II of the Americans with Disabilities Act of 1990 (ADA) and in keeping with the whole community approach to understanding and meeting the needs of all members of the community, the following policies shall pertain to mass care and shelter operations across the Commonwealth:

Section 2

- The access and functional needs of all citizens are addressed in the most inclusive manner throughout the Commonwealth.
- Everyone seeking mass care and shelter services is welcomed and accepted at shelter facilities in accordance with Massachusetts guidance.
- Facilities used for shelter operations will comply with Massachusetts guidance.

2.3 Assumptions

The following assumptions support this plan:

Disaster

- A disaster can produce high casualties and displaced persons, possibly at a magnitude of tens of thousands, and may cause approximately 100,000 individuals to seek some form of mass care and shelter.
- A disaster will affect significant portions of the Commonwealth, but areas of the Commonwealth will remain viable to support mass care and shelter operations.
- Shelters in the local communities not affected by the disaster can become operational to serve those impacted by the incident.

Evacuees

- When authorities recommend evacuation, most individuals in the affected area will evacuate.
- A large number of individuals seeking shelter may not know where to obtain shelter services because the shelter location in their community will have been affected by the incident and will not be operational.
- Individuals seeking shelter will have varied needs, including functional, access, medical support, and pet shelter.

Planning

- Local communities have a process for determining their mass care and shelter needs before and after an incident.
- Local communities and state agencies will plan for the provision of access and functional needs support services (FNSS).
- No plan can anticipate all situations and contingencies. Therefore, this plan is designed as a guide to help coordinate mass care and shelter operations in the Commonwealth.
- To ensure efficient placement of evacuees in shelters, shelter planning must be conducted before an evacuation is ordered.
- There is a sufficient number of trained staff to operate state-initiated regional shelters (SIRS).
- The MEMA Statewide Mass Care and Shelter Coordination Plan does not supersede existing plans, policies, procedures, or authorities of any community, agency, or organization in the Commonwealth.

Facilities

- All shelters in the Commonwealth will comply with ADA and Department of Justice (DOJ) guidance on emergency shelters.
- Communities will use their designated facilities while implementing their local shelter strategy for mass care and shelter operations.

SITUATION, POLICIES, AND ASSUMPTIONS

- Existing memoranda of understanding will be honored.
- MEMA will coordinate with the American Red Cross (ARC) and local communities to facilitate the exchange of information, determine shelter resource needs, and provide mass care and shelter resource support. MEMA will monitor and coordinate resource support to local-initiated community shelter activations as needed.
- The ARC is commonly involved in local-initiated shelters, local-initiated multi-community shelters, and SIRS efforts across the Commonwealth during incidents. See section 3 for details.
- When notified of a need to activate SIRS, such facilities can and will be made available.

Section 3

CONCEPT OF COORDINATION

3.1 Mass Care and Shelter Services

Sheltering in Massachusetts starts at the local level and is driven by local needs. Communities provide a range of mass care and shelter services to residents depending on the needs of the community and the type of hazard or threat. The mass care and shelter options that local communities can provide include the following:

- **Personal care sites (PCS)** provide limited services such as warming/cooling assistance, food and water (including special dietary needs), functional needs support services (FNSS), electricity or charging stations, etc. PCS operations do not include overnight accommodations or dormitory services. The number of individuals using a PCS and the information gathered from these individuals helps local decision makers determine whether a local overnight shelter is needed.
- **Local-initiated overnight shelters** provide full dietary, dormitory, and/or other FNSS for a single community.
- **Local-initiated multi-community shelters** provide full dietary, dormitory, and/or other FNSS for multiple communities. This occurs when several communities come together and provide shelter services for multiple communities. This can be through the use of memoranda of understanding (MOU)/memoranda of agreement (MOA) to form shelters that support multiple local communities and share costs/resources, but are run independent of the state-initiated regional shelters (SIRS).

While local shelters form the backbone of the statewide shelter strategy, recent disasters have demonstrated that during severe or prolonged emergencies, local communities may require mass care and shelter support from the Commonwealth of Massachusetts. Consequently, the Commonwealth has developed this statewide mass care and coordination plan and is establishing the capability to activate SIRS.

- **SIRS** serve multiple communities and are initiated by the Massachusetts Emergency Management Agency (MEMA) and operated by the American Red Cross (ARC). These shelters are established to provide larger scale sheltering services when local capacities are exceeded and/or to maximize the use of resources and staffing to operate shelters across the Commonwealth. These shelters provide dietary services, dormitory services, pet services, and FNSS.

3.2 Statewide Shelter Strategy

In response to lessons learned from recent disasters, MEMA initiated the development of a statewide shelter strategy to establish a coordinated approach to the provision of mass care and shelter services in the Commonwealth. The statewide shelter strategy is intended to help increase overall mass care and shelter capabilities, identify a process to help communities when they are overwhelmed, and better allocate mass care and shelter resources throughout the Commonwealth. The *Massachusetts Statewide Mass Care and Shelter Coordination Plan* serves as a guide to implement this strategy.

Section 3

State coordination and resources support are based on four potential scenarios:

- 1) Consolidation of mass care and shelter resources will increase operational efficiencies and cost effectiveness.
- 2) Mass care and shelter needs exceed local community resources.
- 3) Affected communities are unable to provide mass care and shelter services because of the impact of the incident on the community.
- 4) Consolidation of resources would allow communities to focus resources on recovery operations rather than sheltering operations.

Conditions that Trigger the Activation of a State-Initiated Regional Shelter

A SIRS is activated when MEMA, Massachusetts Emergency Support Function (MAESF) #6 - Mass Care and Shelter, MAESF #8 - Health and Medical Support, MAESF #11- Agriculture and Animal Protection, and other mass care and shelter partners have identified that local-initiated overnight shelters are overwhelmed (based on situational awareness) and/or there is a need for a more streamlined use of resources to support mass care and shelter needs.

Under these circumstances, MEMA, ARC, Massachusetts Emergency Support Function (MAESF) #6 - Mass Care, Emergency Housing, Human Services, and other mass care and shelter partners will determine if a SIRS is needed to supplement local mass care and shelter efforts. *The decision to open a SIRS is made in a collaborative and inclusive manner with state and local stakeholders. Such decisions will include assessing the needs of the affected communities and the capabilities of local and regional service providers.*

SIRS will provide full dietary services, dormitory services, and other FNSS as required. MEMA, ARC, and local communities will identify facilities that can be operated as SIRS. Where possible, facilities will be pre-identified and a list of facilities that could serve as a SIRS will be jointly maintained by MEMA and ARC.

SIRS will be managed and operated by the ARC, hosted by a community within or near the affected communities, and operated until the disaster has stabilized and the shelter is no longer needed.

Exhibit 3-1 describes the four types of mass care and shelter operations, the services provided during each type of shelter operation, and the likely conditions associated with activation of each type of shelter operation.

Exhibit 3-1: Shelter Operation Types and Services

Shelter Type	Required Capabilities	Typical Functions or Services	Activation Conditions
Personal Care Site (PCS)	<ul style="list-style-type: none"> ▪ Americans with Disabilities Act (ADA) Accessibility ▪ Functional needs support services (FNSS) ▪ Other goods & services as needed ▪ Parking 	<ul style="list-style-type: none"> ▪ Temporary comfort ▪ Cooling or heating ▪ Water ▪ Basic food/snacks ▪ Charging stations 	<ul style="list-style-type: none"> ▪ Extreme heat ▪ Extreme cold ▪ Temporary loss of utilities to public
Local-Initiated Overnight Shelter	<ul style="list-style-type: none"> ▪ ADA accessibility ▪ FNSS 	<ul style="list-style-type: none"> ▪ Water, full meals ▪ Charging stations 	<ul style="list-style-type: none"> ▪ Short - to moderate- term residential displacement ▪ Moderate to major

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Shelter Type	Required Capabilities	Typical Functions or Services	Activation Conditions
	<ul style="list-style-type: none"> Other goods & services as needed Backup power Parking Dormitory Kitchen 	<ul style="list-style-type: none"> Dormitory Showers Triage Pet sheltering services 	<ul style="list-style-type: none"> residential destruction Extended loss of utilities to public
Local-Initiated Multi-Community Shelters	<ul style="list-style-type: none"> ADA accessibility FNSS Other goods & services as needed Backup power Parking Dormitory Kitchen 	<ul style="list-style-type: none"> Water, full meals Charging stations Dormitory Showers Triage Pet sheltering services 	<ul style="list-style-type: none"> Activated through existing local-to-local agreements to support sheltering or through local agreements to consolidate or expand shelter capacities
State-Initiated Regional Shelter (SIRS)	<ul style="list-style-type: none"> ADA accessibility FNSS Other goods & services as needed Backup power Parking Dormitory Kitchen 	<ul style="list-style-type: none"> Water, full meals Charging stations Dormitory Showers Triage Pet sheltering services 	<ul style="list-style-type: none"> Local communities are overwhelmed, cannot provide mass care and sheltering services, and/or consolidation of resources will allow more individuals to be served and/or allow for greater efficiencies

The State Emergency Operations Center (SEOC) and MEMA Regional Emergency Operations Center(s) (REOC) will continue to coordinate and notify communities regarding the opening and closing of SIRS across the Commonwealth. Exhibit 3-2 describes the statewide shelter strategy coordination roles and responsibilities of mass care and shelter partners.

Communities always retain the right to operate a local shelter regardless of whether a SIRS is activated.

Section 3

Exhibit 3-2: Statewide Mass Care and Shelter Coordination Roles and Responsibilities

Organization	Coordination Role
MEMA	<ul style="list-style-type: none"> Review situation reports and determine if SIRS are needed. After receiving feedback from local communities, coordinate with MAESF #6 (including the ARC, the Department of Public Health [DPH], and other mass care and shelter partners) about local needs and capabilities to formulate a decision on activating SIRS. Ensure activation of SIRS. Provide status updates on an ongoing basis to local communities on the mass care and shelter status within the Commonwealth, including SIRS. Coordinate resource support for SIRS, as needed.
ARC/MAESF #6 – Mass Care, Emergency Housing, Human Services	<ul style="list-style-type: none"> Obtain common operating picture on the status of local-initiated shelters. Submit status information on mass care and shelter capabilities and needs to the appropriate entities. Analyze and fulfill requests for mass care and shelter services and support from local emergency operations centers (EOCs) and local-initiated shelters. Consult and coordinate with MEMA on decisions to activate SIRS. Once the decision to activate a SIRS has been made, identify a suitable shelter location and assign resources to open the shelter.
ARC (Shelter Operations)	<ul style="list-style-type: none"> Manage and operate SIRS.
MAESF #8 – Public Health and Medical	<ul style="list-style-type: none"> Submit status information on public Health and Medical-related mass care and shelter capabilities and needs to the appropriate entities. Assess and fulfill requests for public health, mental health, and human services-related mass care and shelter services in support of locally initiated shelters. Consult and coordinate with MEMA on the decision to activate SIRS. Coordinate public health, mental Health and Medical resources to support mass care and shelter services at SIRS as requested.
MAESF #11 – Agriculture, Animals and Natural Resources	<ul style="list-style-type: none"> Submit status information on pet- and other animal-related mass care and shelter capabilities and needs to the appropriate entities. Assess and fulfill requests for pet- and animal-related mass care and shelter services as requested from local initiated shelters through the REOCs. Consult and coordinate with MEMA on the decision to activate SIRS. Coordinate pet- and animal-related resources to support mass care and shelter services at SIRS as requested.
MAESF #7 – Volunteers and Donations	<ul style="list-style-type: none"> Submit status information on volunteers and donations mass care and shelter support capabilities and needs to the appropriate entities.

Organization	Coordination Role
	<ul style="list-style-type: none"> Assess and fulfill requests for volunteers needed for mass care and shelter services as requested from local-initiated shelters through the REOCs. Coordinate volunteers and donations services for mass care and shelter support at SIRS as requested.
Local Communities	<ul style="list-style-type: none"> Provide and obtain common operating picture on the status of local-initiated shelters within jurisdictional boundaries. Submit status information to REOCs. Assess and provide resources to fill requests from local-initiated shelters for mass care and shelter services. Coordinate with MEMA to determine whether SIRS is needed. Decide which local-initiated shelters should remain open. Coordinate the transfer of shelter residents from local-initiated shelters to the SIRS if applicable. Continue to provide status updates on local-initiated shelters to the REOCs.

Successful implementation of the statewide shelter strategy depends on the following:

- ***Maintaining a high degree of situational awareness.*** Mass care and shelter partners at all levels should understand the mass care and shelter needs of local communities. Maintaining a high degree of situational awareness comes from open and frequent communication between mass care and shelter partners at all levels (local, state, federal, nonprofit) prior to and during an incident. Section 3.3 describes the process MEMA will use to facilitate open and frequent communication between mass care and shelter partners and to maintain situational awareness.
- ***Establishing and following a collaborative decision-making process.*** Providing a mechanism for organizations to communicate mass care and shelter needs, capabilities, and abilities prior to and during an incident will allow the Commonwealth to make more informed decisions about mass care and shelter services. Section 3.4 describes MEMA's collaborative decision-making process that will be followed to determine if a SIRS is needed and the communication infrastructure and tools that will assist with communication and coordination.
- ***Implementing a process for requesting, allocating, and prioritizing resources.*** Local communities and MEMA have limited mass care and shelter resources. Scarce resources must be allocated transparently and in support of life preservation, public safety, and the well-being of the community. Section 3.5 describes the criteria and process that MEMA will use to allocate and prioritize its mass care and shelter resources.
- ***Clarifying roles and responsibilities and expectations.*** A key goal of this plan is to ensure that mass care and shelter partners at all levels (local, state, federal, nonprofit) understand their roles and responsibilities and prepare as necessary to ensure that they can successfully provide mass care and shelter services. Section 4 describes roles and responsibilities of local, state, federal, and nonprofit organizations that provide mass care and shelter services.

3.3 Communication and Situational Awareness

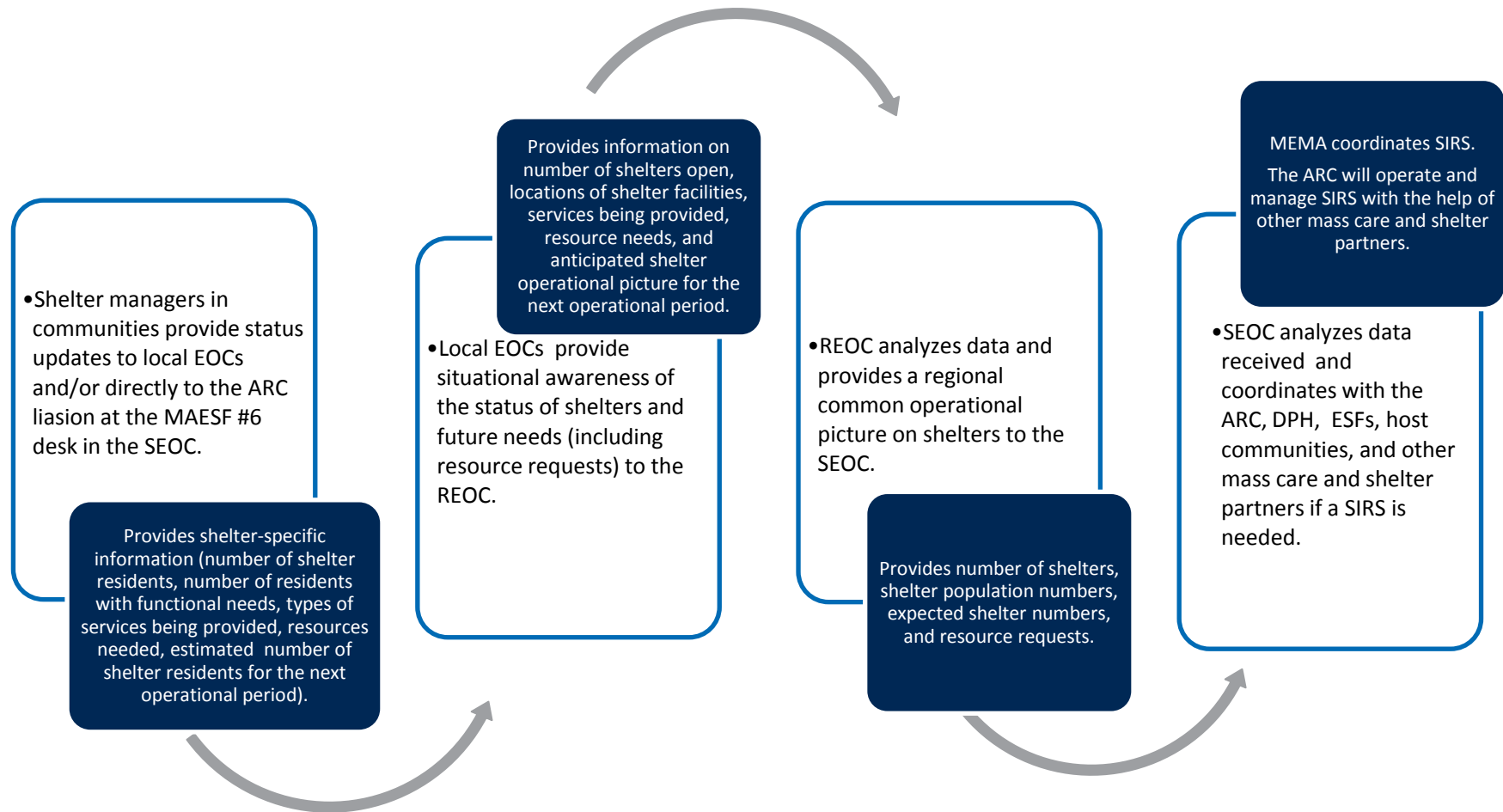
The successful implementation of the statewide mass care and shelter coordination plan depends on having a solid understanding of local mass care and shelter needs. Maintaining good situational awareness and establishing a common operating picture is critical for MEMA, local communities, and the organizations that make up MAESF #6, MAESF #8, MAESF #11, and MAESF #7. Access to timely and accurate situational awareness helps inform decisions regarding the activation of shelter operations and the deployment of mass care and shelter resources.

In accordance with the Massachusetts Comprehensive Emergency Management Plan, situation reports, status updates, and resource requests flow from communities to the MEMA REOC to the SEOC. Each operational period, local-initiated shelters submit a status report to the local emergency operation centers (EOCs) (ARC-managed shelters provide the information to the ARC operations manager and to local EOCs). The ARC manager provides a status report to the MAESF #6 desk at the SEOC. The shelter operations status report is intended to provide information on the number of shelter residents, number of residents with functional needs, types of services being provided, resources needed, and the estimated number of shelter residents for the next operational period. Local EOCs collect this data from the local-initiated shelters in their community and submit this information to the MEMA REOCs.

The SEOC utilizes this data to obtain a common operating picture on the status of mass care and shelter operations and the potential future mass care and sheltering needs. Using this data, MEMA, in coordination with MAESF #6, MAESF #8, MAESF #11, and MAESF #7 and the local communities, will determine if a SIRS is needed. Exhibit 3-3 illustrates the communication flow.

The REOC will track the status of mass care and shelter resource request information and will communicate regularly with the SEOC to maintain situational awareness and to address resource requests, missions, and deployments.

Exhibit 3-3: Communication Flow



3.4 Collaborative Decision-Making Process

Successful implementation of the statewide shelter strategy requires coordination and collaboration between local communities, MEMA, and MAESF #6, MAESF #8, MAESF #7, and MAESF #11.

If situation reports (received through status reports, conference calls, or direct communication with communities and mass care and shelter providers) reflect conditions that might trigger the activation of a SIRS, MEMA will facilitate a discussion with the affected communities, ARC, MAESF #6, MAESF #8, MAESF #11, MAESF #7 and shelter host communities. These discussions will also include other mass care and shelter partners as necessary. This coordination process may take place via conference call or at an on-site meeting in the SEOC.

The decision to open a SIRS is made in a collaborative manner, and considers the needs of the affected communities and the capabilities of mass care and shelter service providers.

After obtaining feedback from mass care and shelter partners, MEMA and ARC will decide whether to activate a SIRS. MEMA and ARC will co-lead the coordination activities required to activate a SIRS.

To implement the coordination, communication, and operational activities referenced in this plan, MEMA will use teleconferencing WebEOC, face-to-face conversations, and/or radios. These tools will facilitate communication between response partners (affected or host communities, ARC, MAESFs, and EOCs) and improve MEMA's ability to achieve situational awareness and track resource needs and requirements.

3.5 Resource Prioritization

The statewide mass care and shelter coordination plan is based on the premise that SIRS will alleviate some of the mass care and shelter burden on communities. If a SIRS is activated to supplement local sheltering needs, the SEOC will prioritize shelter resources based on need. Local communities should assume that SIRS will receive priority for resource support, followed by local-initiated multi-community shelters, and then local shelters.

SIRS will be managed and operated by the ARC. In accordance with ARC shelter procedures, the ARC shelter manager will submit resource requests to the ARC operations manager. If the ARC cannot fill a resource request, the ARC will submit the resource request to the ARC liaison for MAESF #6.

Resource needs will be submitted, vetted, and filled through the existing resource management process. If the MEMA REOC cannot obtain the needed resources, the REOC will coordinate with the SEOC for the provision of additional support. The SEOC Resources Unit will assign mass care and shelter-related resource requests to the appropriate MAESF(s).

3.6 Shelter Transportation

Once a SIRS is activated, MAESF #6 and MAESF #1 will coordinate local EOCs to arrange transportation for individuals seeking shelter in a SIRS. Local EOCs will be responsible for coordinating and providing transportation resources to take residents to a SIRS. Local EOCs are best suited to do this task because of their understanding of the local community and their access to local transportation resources such as school buses. Local EOCs should identify transportation resources for those with disabilities..

Once at the SIRS, the SIRS shelter managers with the support of MAESF #6 and MAESF #1 in the SEOC will coordinate and arrange for transportation resources to meet the urgent transportation needs of SIRS shelter residents. It is anticipated that transportation resources will be scarce and thus transportation may be limited to providing support to those who need to access medical services. As SIRS shelter residents are able to return to their community or once the SIRS is demobilized, MAESF #6 will work with their local EOC counterparts in respective communities to develop a schedule for returning individuals back to the community. Local communities will be responsible for identifying a suitable drop-off site and arranging for transportation for individuals from the drop-off site to a location close to the individuals home or final destination.

3.7 Functional Needs Support Services at SIRS

The Commonwealth of Massachusetts is committed to meeting the mass care and shelter needs of all residents, including those with access and functional needs, to the maximum extent possible.

The Federal Emergency Management Agency (FEMA) defines FNSS as services that enable individuals to maintain their independence in a general population shelter. Service animals will not be separated from their owners and will be able to reside with their owner in the SIRS; this is applicable in shelters that provide a different area to accommodate pets. FNSS include the following:

- Reasonable modification to policies, practices, and procedures
- Provisions for durable medical equipment (DME)
- Provisions for consumable medical supplies (CMS)
- Provisions for personal assistance services (PAS)
- Other goods and services as needed

Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others that may benefit from FNSS include pregnant women, elders, and people with bariatric equipment needs. In addition to those services listed above, the Commonwealth also recognizes that some individuals may require non-acute medical assistance and or communication assistive technologies and services to maintain their independence in a shelter setting. Unaccompanied minors as well as adults requiring supervision who may have been separated from their caretakers may also show up at the shelter. Shelter coordinators will have to contact the appropriate authorities and provide care for these individuals until they can be reunited with their caregiver or the appropriate authority takes custody.

Sections 3.7.1 to 3.7.6 describe FNSS capabilities within SIRS.

3.7.1 Durable Medical Equipment

DME is defined as medical equipment (for example, walkers, canes, wheelchairs, etc.) used by persons with a disability to maintain their usual level of independence. The state will coordinate, to its best ability, the provision of DME for individuals who are in need of DME support in a SIRS because they may have been separated from their equipment during evacuation. In addition, SIRS will provide FNSS cots for individuals who require them.

3.7.2 Consumable Medical Supplies

CMS is defined as non-durable, disposable supplies (for example, medications, diapers, bandages etc.) used by the recipient and/or caregiver that are essential to adequately care for the recipient's needs. Such

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supplies enable the recipient to perform activities of daily living or stabilize or monitor a health condition. The state will coordinate, to its best ability, the provision of consumable medical supplies for individuals who are in need of these resources in a SIRS because they may have been separated from their supplies during evacuation.

3.7.3 Personal Assistance Services

PAS include a wide range of services that support individuals with activities of daily living within a shelter setting. Activities include assistance with eating, taking medication, dressing and undressing, transferring to and from a wheelchair or other mobility aid, walking, stabilization, bathing, and toileting.

The shelter coordinators will assess the level of care needed (intermittent versus continuous), the severity of need, and the presence of a caregiver to determine if an individual can safely stay in a SIRS. Many individuals who require these support services typically have personal care assistants or other caretakers. If an individual's personal care assistant does not come to the shelter with the individual, shelter coordinators will attempt to contact the assistant or the company that provides the care to see if the personal care assistant will be able to come to the shelter to provide support to the individual. For individuals who arrive at a shelter setting without a caregiver or without access to a caregiver, the state will coordinate, to the best of its ability, provision of these services or identify a suitable location where these individuals may safely stay during the incident.

3.7.4 Non-Acute Medical Care

Non-acute medical care includes care that does not meet the definitions for acute care. The non-acute episodes of care figures presented here include the following types of care: rehabilitation care, palliative care, geriatric evaluation and management, psycho-geriatric care, maintenance care, and other admitted care.

For SIRS, ARC will provide basic first aid (provide care for bump, bruises, strains, and minor cuts). Following the intake process, shelter residents are then triaged to identify any needs or requirements that they may have, including identifying if they have any medical needs.

3.7.5 Communication Assistive Technology and Services

SIRS will provide resources to support communication with its residents. Such methods include the following:

- Provide visual alerting systems such as audiovisual fire alarms & CO2 detectors.
- Provide private areas away from the noise to provide people with an environment in which they may communicate better.
- Ensure all ARC shelter kits are equipped with the *Show Me: A Communication Tool for Emergency Shelters*, a pictograph tool that was developed by Massachusetts Department of Public Health, and flashlights to aid with reading lips and signing when there is low light.
- Ensure all shelter staff wears a vest or some sort of easily seen identification to help those who need communication assistance identifies a person who can assist them.
- In most cases, the SIRS will be located in a school that may already be equipped with communication assistive technology, including the following:
 - ✓ Telephone handset amplifiers that make phones louder and clearer.

- ✓ TTY/TDD phones that allow people who are deaf or hard of hearing to communicate over the phone.
- ✓ Captioned phones that provide captioning to accompany audio during a telephone conversation. The captioning service is free, similar to the video relay service.
- ✓ Augmentative communication devices such as bullhorns, microphones, etc.
- ✓ Assistive listening systems such as hardwired or wireless microphone/transmitter combination, and wireless receivers with adjustable volume control and a variety of listening attachments such as headphones and neck loops. These devices are helpful when communicating with individuals who are hard of hearing and do not have hearing aids, or when there is a high level of background noise.
- ✓ Television with closed caption capability if televisions are available at the SIRS.
- ✓ Speech synthesizers/screen readers for text-to-voice, such as JAWS software.

Interpretation Services

The state has the ability to coordinate interpretation services to support residents in SIRS. ARC maintains a contract with Language Line Solutions to provide translation services over the phone for over 200 languages. In addition, the SEOC can coordinate language and American Sign Language interpretation services through the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) and the MA Office of Refugees and Immigrants (ORI). MCDHH has access to American Sign Language interpreters. ORI holds a statewide contract that provides telephonic and in-person interpreter services as well as translation (to translate forms and other written documents) services.

3.8 Individualized Discussion-Based Triage and Evaluation

MEMA and the mass care and shelter partners anticipate that regardless of the level of planning and support undertaken, there will be individuals with needs that exceed the capability of a SIRS setting. To the extent possible, SIRS coordinators will assist these individuals with finding a suitable location with the capability to provide the necessary support to them during a disaster.

It is the intent of the Commonwealth that all individuals seeking shelter at a SIRS will either be safely accommodated in the SIRS or assistance will be provided to find an alternate suitable shelter location. All individuals seeking shelter will be registered and go through the evaluation process to identify the types of support they may need while in the shelter. Shelter coordinators will use the SIRS Intake Form shown in Annex A.

If there is uncertainty regarding whether an individual is able to safely stay in a SIRS, the shelter intake/registration personnel will engage in a discussion with the shelter resident and/or caregiver of the shelter resident and shelter medical personnel to review the unique circumstances of the individual and the level of care needed in relation to the capabilities and services available at that specific SIRS. Shelter coordinators will also consider whether the presence of a caregiver/helper allows individuals who require a higher level of care to stay safely in a shelter (in most cases, the presence of a caregiver/helper will allow the individual to be able to stay safely in a SIRS). The final disposition of the shelter resident will be decided on an individual basis based upon information provided during the shelter evaluation discussion between the interviewer and the shelter resident and/or caregiver of the shelter resident, and shelter medical personnel. The following examples are provided to demonstrate conditions that are likely to be accommodated in a SIRS:

- Individuals who have access to a caregiver/helper

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- Individuals with conditions controlled by medicine that can be self-administered
- Individuals with vision, hearing impairments, or prosthesis
- Individuals who are oxygen-dependant with their own supplies
- Individuals requiring dialysis (can be a self-administered treatment or does not need immediate/near future transportation to a dialysis treatment center within 24 hours of arriving at the SIRS)
- Individuals requiring intermittent assistance with activities of daily living
- Individuals who are wheel chair users or with other mobility-related disabilities and who are able to conduct activities of daily living with minimal assistance
- Individuals with service animals
- If a SIRS is unable to safely accommodate an individual seeking shelter, the shelter coordinators will attempt to place individuals in a non-acute care facility (such as an assisted living facility) or a hospital as appropriate.

Non-acute care facilities may be appropriate for individuals presenting without acute medical conditions but still require some medical surveillance and/or require significant assistance with activities with daily living. This decision should be made in a consultation with the shelter's medical staff. The following examples are provided to demonstrate conditions that may be accommodated in a non-acute care facility:

- Individuals requiring assistance with tube feedings
- Individuals with various ostomies (for example, colostomy or ileostomy)
- Individuals with draining wounds that require frequent sterile dressing changes
- Individuals with dementia (unaccompanied) who cannot be supported in an SIRS shelter
- Hospice patients with IV medications (for example, morphine drip) who require an environment with special medical capabilities after consultation with the medical staff

Shelter coordinators will consider the severity of the conditions before making a determination regarding whether an individual can safely stay in a SIRS. For example, individuals with the conditions above may be accommodated in the shelter if a caregiver is able to stay with them and if they have access to necessary medical supplies.

Individuals who require acute medical care, such as individuals experiencing trauma or injury, may be best accommodated in a hospital setting during a disaster.

The following examples are provided to demonstrate conditions that may be better accommodated in a hospital:

- Individuals who are ventilator dependent
- Pregnant women who are having contractions or are in labor
- Individuals reporting chest pain any time in the last 24 hours or experiencing a heart attack
- Individuals who are unconscious
- Individuals with contagious conditions that require special precautions such as quarantine, isolation, and social distancing
- Individuals with uncontrolled infected wounds
- Individuals who are likely to decompensate in a shelter situation, including individuals whose mental health symptoms are likely to increase significantly because of the shelter environment

SIRS shelter coordinators will work with local hospitals to ensure that individuals sent to the hospital from a SIRS will be treated and admitted or treated and then provided with shelter at the SIRS or other suitable locations.

3.9 Supervision/Reunification

During an emergency, there may be instances where minors are separated from their parents/guardians or adults requiring supervision are separated from their caregivers.

In these instances, the Massachusetts Health and Human Services – Department of Children and Families (DCF) will be notified that there is an unsupervised minor in shelter and to arrange for DCF to pick up the child. In the interim, the SIRS manager will assign properly trained shelter staff member that have undergone a criminal record information background check to stay with the unsupervised child(ren) until DCF can pick them up. Regarding adults, a shelter staff member will be assigned to stay with the adult(s) that is separated from his/her guardian/care provider until the adult can be reunified.

If there is Internet access in the shelter, ARC will encourage individuals affected by the incident to utilize ARC's Safe and Well website to register their current status and/or search or inquire about friends/family members that they have been separated from. If there is no Internet access in the shelter, ARC will provide paper registration forms for the Safe and Well website.

Section 4

ROLES AND RESPONSIBILITIES

Providing mass care and shelter services involves numerous agencies from the local, state, and federal levels of government as well as nonprofit and private-sector partners. This section describes the roles and responsibilities of agencies at each level of government as well as expected support from nonprofit and private sector partners.

4.1 Local Roles and Responsibilities

Sheltering in Massachusetts starts at the community level and is determined by local needs. Local decision makers and mass care and shelter partners must understand their community demographics, values, norms, structures, networks, and relationships in order to make good decisions regarding the type and amount of mass care and shelter services to provide in response to an incident.

As described in Section 3.1, the types of mass care and shelter services that a community may provide can be generally categorized into three categories: personal care sites (PCS), local-initiated overnight shelters, and local-initiated multi-community shelters. These services can also be combined; for example, a local community can decide to open a PCS in conjunction with local-initiated overnight shelters. Local communities may also, through inter-local agreements, support local-initiated multi-community shelters. These shelters are physically located in one community but may serve several communities that have agreed to share resources and costs associated with shelter activities. Exhibit 4-1 describes the mass care and shelter roles and responsibilities of local communities. Individual communities assign specific functions, capabilities, or activities to specific organizations (government, nonprofit, faith-based, or private) based upon the capacity and needs of the community. These assignments should be documented in an appropriate local comprehensive emergency management plan or mass care and shelter plan.

Exhibit 4-1: Local Community Mass Care and Shelter Responsibilities

Responsibilities
During the planning phase, identify the planning assumptions and mass care and shelter needs of the community, including the access and functional needs of residents. This will assist the community in establishing the capabilities for mass care and shelter in the community.
Develop plans and procedures to provide mass care and shelter services to the community.
Coordinate, collaborate, train, and exercise with mass care and shelter partners.
Identify facilities that can be used as mass care and shelter locations.
Ensure all mass care and shelter locations meet Americans with Disabilities Act (ADA) accessibility and functional needs support service (FNSS) requirements.
Establish agreements with facility owners and operators.
When an incident occurs or is expected to impact the community, assess the numbers of individuals who may require mass care and shelter services.
Activate mass care and shelter services when needed in accordance with approved plans and procedures.

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Responsibilities
Provide situational updates to the Regional Emergency Operations Center (REOC) about the number of mass care and shelter facilities open, location of facilities, number of shelter residents, types of services being offered, and types of services needed. Provide projections on numbers and needs as requested.
Request mass care and shelter resources via the REOC in accordance with local emergency response plans and the Massachusetts Comprehensive Emergency Management Plan.

The Massachusetts Emergency Management Agency (MEMA) and the American Red Cross (ARC) jointly have identified a list of suitable locations for state-initiated shelters. A community hosting a state-initiated regional shelter (SIRS) may be asked to sign a memorandum of understanding (MOU). The MOU will describe the responsibilities of the host community in addition to issues of liability and reimbursement. Exhibit 4-2 shows the responsibilities of a host community. Please note that host community responsibilities are in addition to general local community mass care and sheltering responsibilities.

Exhibit 4-2 Host Community Mass Care and Shelter Responsibilities

Responsibilities
Maintain the facility to be prepared to receive shelter residents from within and external to the community.
Work with MEMA and the ARC to ensure the potential site meets ADA requirements and address FNSS needs.
Coordinate with the ARC to activate the facility.
Provide security for the SIRS.
Conduct a health inspection in accordance with local and state regulations.
Coordinate with communities that are bringing shelter residents to the host community shelter.

4.2 State Roles and Responsibilities

MEMA is the lead for the implementation of the statewide mass care and shelter coordination plan. MEMA coordinates with other state agencies and mass care and shelter partners responsible for Massachusetts Emergency Support Function (MAESF) #6 - Mass Care, Emergency Housing, Human Services, MAESF #8 - Public Health and Medical Services, and MAESF #11 - Agriculture, Animals and Natural Resources to ensure capabilities to activate and operate SIRS.

Exhibit 4-3 outlines the mass care and shelter responsibilities of the MEMA State Emergency Operations Center (SEOC), Regional Emergency Operations Center (REOC), and supporting MAESFs. The ARC is working as part of the MAESF #6 therefore; responsibilities as a nonprofit are detailed under MAESF #6.

Exhibit 4-3: State Mass Care and Shelter Responsibilities

State Agency	Responsibilities
MEMA SEOC	Notify and activate the MAESF #6 (including ARC), MAESF #8, and MAESF #11 to support communities in providing mass care and shelter services.
	Identify, obtain, or provide resources to support mass care and shelter services to communities as requested.
	Analyze situation reports to obtain information on the status of mass care and shelter operations and resource needs. Communicate with mass care and shelter partners regarding status and resource needs.
	Coordinate with mass care and shelter partners to determine whether a SIRS should be opened.
	Coordinate logistical and resource support for SIRS
MEMA REOC	Coordinate and communicate with affected communities through local emergency management directors (EMDs) to ascertain shelter facilities that are being opened, the types of services available, and the number of shelter residents at each facility.
	Coordinate with host and affected communities to determine mass care and shelter resource needs.
	Validate resource needs and share the information with the SEOC to achieve situational awareness concerning ongoing activities at the local level.
MAESF #6 - Mass Care, Emergency Housing, Human Services	Coordinate the tasking of shelter activities during a disaster to include the sheltering of people with access and functional needs.
	Coordinate the establishment and operation of mass feeding facilities in areas affected by disasters.
	Coordinate with MAESF #11 if needed to provide emergency supplies that enable people with disabilities to care for their service animals.
	Coordinate with MAESF #7 s for volunteer resources to support of mass care operations, as needed.
	Coordinate the provision of shelter registration data to appropriate authorities.
	Continuously monitor occupancy levels and ongoing victims' needs, and provide SEOC Planning Section, MAESF #8, and SEOC Logistics Section with a list of open and closed shelters.
	Coordinate the provision of emergency first aid in shelters.
	Coordinate with MAESF #8 regarding the provision of resources to support non-acute medical needs exceeding basic first aid.
	Coordinate with MAESF #8 regarding the prevention of communicable diseases, to include epidemiological and environmental health activities, as related to shelter operations.
	Provide quantitative mass care services data to MEMA Planning and Logistics Sections, and other MAESFs that require accurate data for response logistics.

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State Agency	Responsibilities
	Coordinate with MAESF #13 - Public Safety and Security for additional security resources.
	Coordinate with MAESF #8 to determine the need for mental health resources for victims and responders
	Coordinate with MAESF #2 - Communications to address communications needs for shelters.
	Coordinate with MAESF #12 - Energy to ensure each shelter has power generation capabilities as needed.
	Activate, manage, and operate SIRS during the incident and until the incident has stabilized and facility demobilization and deactivation occurs. Shelters should be operated in accordance with ARC regulations and procedures.
	The ARC operations center will keep MAESF #6 informed about conditions at the shelters and unmet needs.
	Utilize the ARC four-model approach to sheltering as needed.
	Maintain a list of available facilities that can serve as shelters.
	Maintain situational awareness of mass care and sheltering needs by gathering data from local-initiated shelters and from the ARC operations center.
	Monitor occupancy levels and ongoing victims' needs, and provide the SEOC Planning Section, MAESF #8, SEOC Logistics Section.
	Coordinate the provision of first aid in shelters and fixed feeding sites.
	Coordinate the provision of added and relief staff, and the replenishment of shelter supplies.
	Coordinate with MAESF #2, to ensure that each shelter has a working system of communications with the local EOCs, REOCs, and ARC units, pursuant to ARC protocol. This may include radio, telephone, or cellular telephone communication devices.
	Coordinate the consolidation of shelters, staff, resources (for example, communications and law enforcement), and supplies as sheltering needs diminish.
MAESF #7 - Volunteers and Donations	Coordinate with MAESF #6 for resources to support of mass care operations, as needed.
	Coordinate the tasking of shelter volunteers requested during a disaster to include the sheltering of people with access and functional needs.
	Coordinate with MAESF #6 to determine the need for mental health volunteers needed to support victims and responders.
	Coordinate volunteer resources needed to support pet- and animal-related shelter services at local and SIRS.

State Agency	Responsibilities
MAESF #8 - Public Health and Medical	Coordinate with MAESF #6 to determine sanitation and medical resource needs at shelters.
	Coordinate with MAESF #6 to determine the need for mental health resources for victims and responders.
	Coordinate with other MAESFs related to mass care and shelter support as needed.
MAESF #11 - Agriculture, Animals, and Natural Resources	Coordinate resources to support pet- and animal-related shelter services at local and SIRS.
	Provide supplies and support to people requiring assistance with their service animals in SIRS.
	Coordinate resources to provide emergency care to injured animals while being cared for in the shelters.
	Issue and enforce animal disease quarantines in shelters.
	Coordinate resources to support the removal and proper disposal of animal carcasses.

4.3 Federal Roles and Responsibilities

In accordance with the National Response Framework (NRF), the U.S. Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) is responsible for leading and coordinating federal resources, as required, to support local, tribal, and state governments and voluntary agencies (VOLAGs) in the performance of mass care, emergency assistance, housing, and human services missions. When directed by the President of the United States, Federal ESF #6 is implemented to assist individuals and households affected by potential or actual disasters.

Section 5

PLAN MAINTENANCE

The Massachusetts Emergency Management Agency (MEMA) is dedicated to the continued preparedness and maintenance required to ensure this plan remains current and up-to-date with recent shelter response/recovery trends. The plan will be reviewed annually in coordination with appropriate stakeholders. Meetings will include statewide shelter response partner stakeholders to elicit feedback regarding the plan's effectiveness. Material and comments contained in after action reports from various drills, exercises, or actual incidents addressing shelter-related issues will be included in plan updates. Upon review and approval, the updated plan will be distributed to internal MEMA departments, state agency partners (emergency support functions [ESFs]), and local emergency management directors (EMDs) so they remain informed. Continued plan maintenance will help ensure that the plan reflects current capabilities, shelter trends, and operational strategies that are to be implemented during incidents requiring shelter protective action implementation.

Section 6

TRAINING AND EXERCISES

For the coordinating benefits referenced in this plan to be realized, regular training and exercising is highly encouraged. The Massachusetts Emergency Management Agency (MEMA) will continue to ensure that training courses and/or seminars supporting the existence and implementation of this plan occur regularly and/or as needed for Massachusetts Emergency Support Function (MAESF) #6 - Mass Care, Emergency Housing, Human Services response partner agencies, other assisting MAESFs and state agencies, and local emergency management directors (EMDs) across the Commonwealth. MEMA will also meet with shelter response partner stakeholders annually to address plan training and exercise needs. Needs voiced by shelter response partner stakeholders will be applied to the development and delivery of the plan training and exercise program. Validation of training using exercises will further allow for increased preparedness and readiness in relation to shelter emergencies. Exercises involving shelter protective actions, shelter activation, and/or other related shelter target capabilities will use the plan. After action reports and corrective action plans reports, including shelter capabilities and response, will help to inform the continued maintenance of both the plan and resulting training and exercise components sought to further train and educate staff of shelter response partner agencies.

Section 7

AUTHORITIES AND REFERENCES

The *Massachusetts Statewide Mass Care and Shelter Coordination Plan* is supported by the following laws and executive orders.

Federal Laws, Executive Orders, and Homeland Security Presidential Directives

- Americans with Disabilities Act (ADA), Department of Justice (DOJ), 1990
- ADA Amendments Act (ADAAA), DOJ, 2008
- Executive Order 13347 – Individuals with Disabilities in Emergency Preparedness (Federal Register Doc. 04-17150), United States Office of the President, July 2004
- Homeland Security Presidential Directive (HSPD) 3, “Homeland Security Advisory System,” March 11, 2002
- HSPD 5, “Management of Domestic Incidents,” February 28, 2003
- HSPD 8, “National Preparedness,” December 17, 2003
- Massachusetts Comprehensive Emergency Management Plan – Basic Plan 35 Rev. 7, January 2011
- Public Law 104-321, granting the consent of Congress to the Emergency Management Assistance Compact (EMAC)
- Public Law 109-308, Pets Evacuation and Transportation Standards (PETS) Act of 2006, which amends the Stafford Act to require states seeking Federal Emergency Management Agency (FEMA) assistance to include provision for pets and service animals in evacuation planning
- 44 Code of Federal Regulations (CFR) Part 206, Federal Disaster Assistance for Disasters Declared after November 23, 1988
- 44 CFR Part 14, Audits of State and Local Governments
- ADA Best Practices Tool Kit for State and Local Governments, Chapter 7, Emergency Management under Title II of the ADA (2007), Addenda 1-3, and the Introduction to Appendices 1 and 2 (Attached as Exhibit 1); Titles II, III, and V of the ADA of 1990, 42 United States Code (USC) §§ 12101-12103, 12131-12134, 12181-12188, and 12201-12213, as amended by the ADA Amendments Act of 2008
- Nondiscrimination on the Basis of Disability in State and Local Government Services, 28 CFR Part 35
- Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities, 28 CFR Part 36; the ADA Title II Technical Assistance Manual (1993) and Supplement (1994); the ADA Title III Technical Assistance Manual (1993) and Supplement (1994)
- Section 504 of the Rehabilitation Act of 1973, 29 USC §§ 794, as amended
- Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by FEMA, 44 CFR Part 16

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- Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by the DOJ, 28 CFR Part 39
- Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 45 CFR Part 84 (Department of Health and Human Services [HHS])
- Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 34 CFR Part 104 (Department of Education)
- Nondiscrimination Based on Handicap in Federally Assisted Programs and Activities of the Department of Housing and Urban Development (HUD), 24 CFR Part 8
- Title VIII of the Civil Rights Act of 1968 (“Fair Housing Act”), as amended, 42 USC §§ 3601-3631. Discriminatory Conduct Under the Fair Housing Act, 24 CFR Part 100
- The Architectural Barriers Act of 1968, as amended, 42 USC §§ 4151-4157
- Construction and Alteration of Public Buildings, 41 CFR Part 101-19
- The Homeland Security Act of 2002, 6 USC §§ 101-557, as amended
- The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 USC §§ 5121-5206, as amended
- Federal Disaster Assistance, 44 CFR Part 206
- The Post-Katrina Emergency Management Reform Act, 6 USC § 761(d), as amended

State Laws and Executive Orders

- Executive Order No. 526, Nondiscrimination, Diversity, Equal Opportunity and Affirmative Actions
- Article CXIV of the Massachusetts Constitution
- Massachusetts Non-Discrimination Statutes, M.G.L. Chapters 151B and Chapter 272 §§ 92A & 98
- M.G.L. c. 22 § 13A and C.M.R. 521 Rules and Regulations of the Massachusetts Architectural Access Board
- Executive Order 526
- Chapter 151B
- Massachusetts Civil Defense Act, Chapter 639 of the Acts of 1950 Codified, Appendix 33
- Management Assistance Compact, Chapter 339 of the Acts of 2000

Supporting Documents

Federal

- FEMA’s Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters, November 2010
- National Incident Management System (NIMS), December 2008
- National Response Framework (NRF), January 2008
- FEMA Region 1 Operations Plan, May 2008
- National Infrastructure Protection Plan (NIPP)
- Homeland Security Exercise and Evaluation Program (HSEEP), February 2007

State

- Massachusetts Radiological Emergency Response Plan, December 2009
- Massachusetts Recovery Annex, September 2005
- Massachusetts State Hazard Mitigation Plan, October 2010
- Massachusetts Disaster Resource and Logistics Annex, January 2010
- Massachusetts Terrorism Incident Response Plan, June 2004
- State Emergency Operations Center (SEOC) Utilization Plan, October 2008
- MEMA Continuity of Operations Plan, April 2010
- EMAC Operations Manual, August 2006
- Massachusetts State Homeland Security Strategy
- Massachusetts Repatriation Plan
- Massachusetts SEOC Standard Operating Procedures
- Massachusetts Hurricane Preparation Checklist

Section 8

ABBREVIATIONS AND GLOSSARY

The following terms and definitions are associated with mass care and shelter.

8.1 Abbreviations

Exhibit 8-1: Abbreviations

Abbreviation	Term
ADA	Americans with Disabilities Act
ADAAA	Americans with Disabilities Act Amendments Act
ARC	American Red Cross
CFR	Code of Federal Regulations
CMS	Consumable Medical Supplies
CPG 101	Comprehensive Preparedness Guide 101
DCF	Department of Children and Families
DCJ	Department of Criminal Justice
DHS	U.S. Department of Homeland Security
DME	Durable Medical Equipment
DOJ	Department of Justice
DPH	Department of Public Health
EMAC	Emergency Management Assistance Compact
EMD	Emergency Management Director
EOC	Emergency Operations Center
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
FNSS	Functional Needs Support Services
HHS	Department of Health and Human Services

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Abbreviation	Term
HSEEP	Homeland Security Exercise and Evaluation Program
HSPD	Homeland Security Presidential Directive
HUD	Department of Housing and Urban Development
MAESF	Massachusetts Emergency Support Function
MCDHH	Massachusetts Commission for the Deaf and Hard of Hearing
MCS	Mass Care and Shelter
MEMA	Massachusetts Emergency Management Agency
MOA	Memoranda of Agreement
MOD	Massachusetts Office on Disability
MOU	Memorandum of Understanding
NGO	Nongovernmental Organization
NIMS	National Incident Management System
NIPP	National Infrastructure Protection Plan
NRF	National Response Framework
ONA	Other Needs Assistance
ORI	Office of Refugees and Immigrants
PAS	Personal Assistance Services
PCS	Personal Care Site
PETS Act	Pets Evacuation And Transportation Standards Act
PMT	Project Management Team
REOC	Regional Emergency Operations Center
SEOC	State Emergency Operations Center
SIRS	State-Initiated Regional Shelter(s)
USC	United States Code
VOLAG	Voluntary Agency

8.2 Glossary

Activation Trigger – A predetermined level, condition, or situation that decision makers use to identify the appropriate time at which to initiate shelter services to an affected population.

Americans with Disabilities Act (ADA) – A law enacted by the U.S. Congress in 1990 and later amended in 2008. It is a wide-ranging civil rights law that prohibits discrimination based on disability. A shelter facility is ADA compliant will have met strict standards identified in the ADA regarding reasonable accommodations for individuals with disabilities.

American Red Cross (ARC) – The ARC is a nongovernmental organization (NGO) that provides mass care and shelter support during emergencies.

Concept of Coordination – A system of coordination from the perspective of the stakeholder or stakeholders that will use that system; a means to communicate system characteristics.

Consumable Medical Supplies (CMS) – Medical supplies (medications, diapers, bandages, etc.) that are ingested, injected, or applied and/or are one time use only.

Durable Medical Equipment (DME) – Medical equipment (e.g., walkers, canes, wheelchairs, etc.) used by persons with a disability to maintain their usual level of independence.

Evacuee – An individual evacuated due to an emergency.

Functional Needs Support Services (FNSS) – The Federal Emergency Management Agency (FEMA) defines FNSS as services that enable individuals to maintain their independence in a general population shelter. Service animals will not be separated from their owners and will be able to reside with their owner in the SIRS; this is applicable in shelters that provide a different area to accommodate pets. FNSS include the following:

- Reasonable modification to policies, practices, and procedures
- Provisions for durable medical equipment (DME)
- Provisions for consumable medical supplies (CMS)
- Provisions for personal assistance services (PAS)
- Other goods and services as needed

Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others that may benefit from FNSS include pregnant women, elders, and people with bariatric equipment needs. In addition to those services listed above, the Commonwealth also recognizes that some individuals may require non-acute medical assistance and/or communication assistive technologies and services to maintain their independence in a shelter setting.

Host Community – A community where a state-initiated regional shelter is located.

Local- Initiated Overnight Shelter – A facility that will provide full dietary, dormitory, and/or other functional needs support services to victims of a disaster. These locally initiated shelters are not activated by MEMA.

Memorandum of Understanding (MOU) – A document that describes the general principles of an agreement between parties, but does not amount to a substantive contract

Personal Assistance Services (PAS) – Services that assist children and adults with activities of daily living (e.g. bathing, toileting, eating, etc.).

Personal Care Site (PCS) – A type of shelter that will provide temporary comfort services for people who are staying in their homes but who may need a small degree of assistance during emergencies for minor needs (provision of clean water, usage of electricity, food/snacks, warming or cooling, etc.).

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Pet – As defined by the Pets Evacuation and Transportation Standards (PETS) Act, a household pet is a domesticated animal (such as a dog, cat, bird, rodent, or turtle) that is traditionally kept in the home for pleasure rather than for commercial purposes and can travel in commercial carriers and be housed in temporary facilities. Household pets do not include reptiles, amphibians, fish, insects/arachnids, farm animals (including horses), and animals kept for racing purposes.

Planning Assumption – An influencing statement related to a particular issue that will help drive operational decision making to provide a set of guidance to alleviate the issue.

Project Management Team (PMT) – A group of representatives providing oversight and guidance to the overall project.

Service Animal – Any guide dog, or other animal that has been individually trained to do work or perform tasks for the benefit of an individual with a disability, including physical, sensory, psychiatric, intellectual, or other mental disability. The work or tasks performed by a service animal must be directly related to the handler's disability including, but not limited to: assisting individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, pulling a wheelchair, or fetching dropped items, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medications or a telephone, providing physical support and assistance with balance and stability, and helping people with neurological or psychiatric disabilities by preventing or interrupting impulsive or destructive behaviors.

Service animals are required to be leashed or harnessed except when performing work or tasks where such tethering would interfere with the dog's ability to perform. In cases where the individual is not able to hold a leash, the animal must be under control and respond to verbal commands.

Service animals are exempt from breed bans as well as size and weight limitations.

Although as of March 15, 2011, the Department of Justice narrowed the protections of service animals to only dogs, and in some cases miniature horses. The Massachusetts Commission Against Discrimination (MCAD) has not done so and has left the door open for any animal that meets the above definition.

Service animals may or may not be certified

Shelter – A facility that is activated locally or regionally to provide basic services to an affected population as a result of an emergency.

Shelter Operations – The activities required for the shelter to successfully provide services and attend to the needs of evacuees. Shelter operations are conducted by shelter staff and are managed by the local shelter manager and/or EMD.

Situational Awareness - the ability to identify, process, and comprehend the critical elements of information about what is happening to the team with regards to the mission

State-Initiated Regional Shelter (SIRS) – A shelter that is activated by MEMA in response to local-initiated overnight shelters are overwhelmed (based on situational awareness) and/or there is a need for a more streamlined use of resources to support mass care and shelter needs.

SIRS Strategy – A method of sheltering implemented to most efficiently allocate scarce resources to communities or to help local communities meet the mass care and sheltering needs of its residents.

Triage – A process for sorting injured people into groups based on their need for or likely benefit from immediate medical treatment. Triage is used in hospital emergency rooms, on battlefields, and at disaster sites when limited medical resources must be allocated.

WebEOC – Computer software tool that provides situational awareness during emergencies.

Whole Community Approach – Emergency management practitioners, organizational and community leaders, and government officials can collectively understand and assess the needs of their respective

ABBREVIATIONS AND GLOSSARY

communities and determine the best ways to organize and strengthen their assets, capacities, and interests. By doing so, a more effective path to societal security and resilience is built. In a sense, Whole Community is a philosophical approach on how to think about conducting emergency management.

Section 9

PLAN ANNEXES

Annex A – State-Initiated Regional Shelter Intake Form

Annex B – State-Initiated Regional Shelter Locations

Annex C – American Red Cross Shelter Models

Annex A

STATE-INITIATED REGIONAL SHELTER INTAKE FORM

State-Initiated Regional Shelter Command Operations Intake and Evaluation Form			
Date/Time:	Shelter Name/Community/State		
Is there anything you or a member of your family need right now to stay health while in the shelter? Yes or No (circle one) If No, is there anything you will need in the next 6-8 hours? Yes or No (circle one)			
Do you or a family member have a health, mental health, or other condition about which you are concerned? Yes or No (circle one)			
Family Last Name:			
Primary language spoken in home:		Intake Interviewer may need assistance with language/interpreter YES / NO	
Names/ages/genders of all family members present: Continue on over-side	1.	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	2.	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	3.	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
If alone and under 18, location of next of kin/parent/guardian: If unknown, notify shelter manager & interviewer initial here:			
Home Address:			
Client Contact Number:		Interviewer Name (print name):	Signature:
DO YOU HAVE A URGENT MEDICAL OR SAFETY CONCERN OR ISSUE RIGHT NOW? If yes, STOP and call for assistance <u>NOW!</u> Or Call 911.			
COMMUNICATIONS	Circle	Actions to be taken	Name of Individual/Comments
Will you need assistance with understanding or answering these questions?	YES / NO	If YES, notify shelter manager; refer to Additional Assistance.	
HEARING	Circle	Actions to be taken	Name of Individual/Comments
Do you have a hearing impairment?	YES / NO	If YES to either, ask the next two questions. If no skip the next two questions.	
Do you use a device/aid to assist you? If so what device/aid do you use?	YES / NO	If NO, identify replacements.	
Do you have your device/aid with you and does it work?	YES / NO	If YES, identify replacements.	
Do you require a sign language interpreter?	YES / NO	If YES, identify replacements.	
LANGUAGES	Circle	Actions to be taken	Name of Individual/Comments
Do you require translation services?	YES / NO	If YES, what type of service?	
How do you best communicate with others?	YES / NO	Languages? Sign language? Smartphone? Computer? Other?	
What languages can you communicate in?		Speak:	
		Read:	
		Write:	
VISION/SIGHT	Circle	Actions to be taken	Comments

Annex A

State-Initiated Regional Shelter Command Operations Intake and Evaluation Form			
Do you have a vision impairment?	YES / NO	If YES, what type of impairment?	
Do you use a device/aid to assist you?	YES / NO	If YES, what device/aid do you use?	
Do you have your device/aid with you?	YES / NO	If YES, what type of device do you have with you?	
Do you need help getting around, even with your device/aid?	YES / NO	If YES, what type of help do you need?	
Would you like to be provided with a shelter orientation (initial walk through)?	YES / NO	If YES, provide shelter walk through.	
MEDICAL	Circle	Actions to be taken	Comments
Do you have any severe allergies? Environmental, chemical, food, medication?	YES / NO	If YES, refer to Health Services/Food Services. List:	
Do you use special medical equipment or supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy, etc.)?	YES / NO	List special medical equipment or supplies. If dialysis obtain name and location of company where the person receives dialysis services.	
Do you have it with you?	YES / NO	If NO, list potential sources	
Have you been in the hospital or under the care of a doctor in the past month?	YES / NO	If YES, list reason.	
Do you take any medicine(s) regularly?	YES / NO		
When did you last take your medicine?		Date/Time.	
When should you take your next dose?		Date/Time.	
Do you have the medicine with you?	YES / NO	If NO, identify medications and process for replacement.	
Do you have your prescription with you?	YES / NO		
Do you have any other medical needs:	YES / NO	List:	
INDEPENDENCE FOR DAILY LIVING	Circle	Actions to be taken	Comments
Do you use medicine, devices/aids/equipment and/or medical supplies for daily living?	YES / NO	If YES, refer to Health Services.	
Do you require assistance from a caregiver (including a family member or friend), personal assistant or service animal for activities of daily living?	YES / NO	If YES, ask next question. If NO, skip next question.	
Is your caregiver, personal assistant, or service animal here or can they come? If NO, circle which one.	YES / NO	If NO refer to Health Services/ DART. If yes, obtain their name and contact information.	
What activity/activities do you require assistance with?	YES / NO	If YES, specify and explain.	
Do you have an adequate supply of your medications?	YES/NO	If NO, where is medications refilled?	
Are you on any special diet?	YES / NO	If YES, list special diet and notify feeding staff.	

STATE-INITIATED REGIONAL SHELTER INTAKE FORM

State-Initiated Regional Shelter Command Operations Intake and Evaluation Form			
Do you have food allergies?	YES / NO	If YES, list food allergies and notify feeding staff.	
SUPERVISION AND SUPPORT	CIRCLE	ACTIONS	Comments
Do you or any of your family members require additional support or supervision?	YES / NO	If YES, list type and frequency.	
Are you presently receiving any benefits (e.g., Medicare, Medicaid) or do you have other health insurance?	YES / NO	If YES, list type and benefit number(s) if available. Photocopy card.	
Do you need access to a 12-step program? Which one?	YES / NO	List program type.	
Would you like to register on the Red Cross SAFE and WELL website to let loved ones know you are OK?	YES / NO	If yes, provide registration form.	
Would you be able or willing to help others in the shelter?	YES / NO	How? Serve food, organize service teams etc.	
TRANSPORTATION	Circle	Actions to be taken	Comments
Do you need assistance with transportation?	YES / NO	If YES, list destination and date/time	
Do you have any other transportation needs?	YES/NO	If YES, please define.	
ADDITIONAL QUESTIONS TO INTERVIEWER			
Would this person benefit from a more detailed health or mental health assessment?	YES / NO	<ul style="list-style-type: none"> ▪ If YES, refer to Health Services or DMH. ▪ If client is uncertain or unsure of answer to any question, refer to HS or DMH for in-depth evaluation. 	
Does the client appear to be overwhelmed, disoriented, agitated or a threat to self or others?	REFER to HS: DMH:	If life threatening, call 911. If yes, or unsure, refer immediately to Health Services.	Interviewer Initial
Can this shelter provide the assistance and support needed?	YES / NO	If NO, work with Health Services and shelter manager.	
Has the person been able to express his/her needs and make choices?	YES / NO	If NO or uncertain, consult with HS, DMH and shelter manager.	
HS/ DMH signature:			Date:
Summary of Actions			
Support Required	Circle	Actions to be taken	Name of Individual/Comments
Is any medical support needed or additional follow-up required?	YES NO	Please summarize what actions need to be taken.	
Are there any assistive technologies needed?	YES NO	If YES, please summarize what is needed based on the evaluation above	
Does the individual need assistance with transportation?	YES NO	If YES, please describe the location destination and timeframe needed.	

State-Initiated Multi-Community Shelter Follow-up Actions
Identify Individual and Contact Information:
Date of Request:
Identify the Request and Contact Information:
Date of Action Taken:
Describe the Action Taken:

Annex B

AMERICAN RED CROSS SHELTER MODELS

The American Red Cross (ARC) is commonly involved in local and regional sheltering efforts across the Commonwealth during emergencies. The ARC follows a four-model shelter classification system.

- **ARC Shelter Model 1** – This model includes official ARC shelter facilities that are administered, controlled, and operated by the ARC. The ARC retains fiscal responsibility for all shelter facility operating expenses. Liability is shared with the community in which the shelter facility is located. A formal agreement is executed between the ARC and the community for use of the facility.
- **ARC Shelter Model 2** – This model includes ARC shelter facilities that are offered in partnership and cooperation with a community. The ARC retains fiscal responsibility and will cover all facility operating expenses. Administration and operations of the shelter remain ARC functions; however, liability is shared with the community.
- **ARC Shelter Model 3** – This model includes shelter facilities that the ARC supports to assist the community. Communities retain administrative control and will conduct shelter operations, while the ARC mission focuses on providing support to the community to fill gaps in staff/equipment/service. The ARC will assist with shelter facility operating expenses, and liability is shared with the community.
- **ARC Shelter Model 4** – This model includes shelter facilities that are independently managed by individual communities in which no ARC support (operational or fiscal) is provided. These facilities are administered and operated by a community and/or an agency operating the shelter facility on behalf of the community. All operating expenses, fiscal accountability, liability, and branding are responsibilities of the community and/or agency operating the shelter.

Exhibit C-1 outlines the ARC shelter model classification system.

Exhibit C-1: ARC Shelter Model Classification System

Functions	Model 1 ARC Shelters	Model 2 ARC/Partner Shelters	Model 3 ARC-Supported Shelters	Model 4 Independently Managed Shelters
Administrative Control	ARC	ARC	Community	Community
Operating Expenses	ARC	ARC	ARC-assisted	Community
Disaster Code of Conduct	Yes	Yes	Yes	No
Branding	ARC only	"In cooperation with"	"Supported by the ARC"	Community
Liability	Shared	Shared	Shared	Community
Reporting and Communication	Yes	Yes	Yes	No
Agreement to Use	Standard ARC shelter agreement	Welcome letter of agreement and standard ARC shelter agreement	Shelter support services agreement for community agencies	